

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

PHYSICAL THERAPY EXAMINING BOARD

PHYSICAL THERAPY CERTIFICATE OF PROFESSIONAL EDUCATION

APPLICANT: Complete this section and submit to certifying school for completion. Form must be returned directly from the school to the Department at the above address.

Last	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: (number, street, city, zip code)

Date of Graduation:

 / /

Social Security #: (voluntary-for school's use in locating your records)

 - -

Applicant Signature

 / /

Date

CERTIFYING SCHOOL: Certify completion after the applicant named above has actually graduated and return directly to DSPPS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or DSPPSCredPhysicalTherapy@wisconsin.gov.

Name of Institution:

Location of Institution: (city, state)

Type of Degree Awarded:

Major:

Date Diploma Granted:

 / /

(anticipated dates of graduation will not be accepted)

Signature of Dean or Department Head

 / /

Date

Title